

Module 3

Key to Activity 2: James' Individualized Health Plan—For Trainer Only

ROUTINE CARE

Today's Date: October 1, 1998 Review no later than: Jan. 1, 1999
Child: James Jefferys Birthdate: June 24, 1994
Parent(s) or Guardian(s): Clark and Kelly Jefferys Phone #: 292-1249
Primary Health Care Provider: Maria Martinez, MD Phone #: 534-5929
DIAGNOSIS: 1. Asthma 2. _____ 3. _____

REGULARLY-SCHEDULED MEDICATIONS

Medication	Schedule (When)	Dose (How much)	Route (How)	Possible Side Effects
Cromolyn	every 4 hours	2 puffs	Inhaler with spacer	Cough

Describe accommodations the child
needs in daily activities:

Check whether accommodations
needed at: HOME SCHOOL

- Diet or Feeding: Drink plenty of water X X
- Classroom Activities: Avoid furry animals in classroom. Watch James closely when he has a cold and days with high pollen count. X X
- Naptime/Sleeping: _____
- Toileting: _____
- Outdoor Activities/Field Trips: Watch James closely with outdoor play, especially cold days, grassy areas, and high pollen count days. Take medicine and equipment on field trips. X X
- Transportation: Bus driver must transport James' emergency medicine and equipment, and be trained in use. X X
- Other: _____

Key to Activity 2: James' Individualized Health Plan (continued)

EMERGENCY CARE

Child: James Jefferys Birthdate: June 24, 1994
 Parent(s) or Guardian(s): Clark and Kelly Jefferys Phone #: 292-1249
 Primary Health Care Provider: Maria Martinez, MD Phone #: 534-5929
 DIAGNOSIS: 1. Asthma 2. _____ 3. _____

CALL PARENTS FOR:

- frequent coughing, wheezing
- sucking in at neck or ribcage with each breath
- rapid breathing > 40 breaths/minute at rest

While waiting for parent(s) or medical help to arrive:

- remove James from the asthma triggers if possible (e.g., outdoor air, grass, pollen, animals)
- have James rest seated
- offer sips of water

GIVE AS NEEDED OR EMERGENCY MEDICATION FOR:

Medication	Schedule (When)	Dose (How much)	Route (How)	Possible Side Effects
Albuterol	frequent cough, wheezing, > 40 breaths/min. @ rest	2 puffs	Inhaler with spacer	cough, shakiness

CALL 911 (Emergency Medical Services) FOR:

- if no improvement 15 min. after treatment, and parents can't be reached
- after receiving treatment for wheezing, James is working hard to breath or grunting; breathing fast at rest; won't play; has trouble walking/talking; has nostrils open wider than usual; has sucking in of skin (chest or neck) with breathing; has gray or blue lips or fingernails; cries more softly and briefly; is hunched over to breath; is extremely agitated or sleepy.

I have helped develop this health plan. I understand it and will try my best to follow the plan. I will communicate any changes in the child's condition or treatment. Plan completed: 10/1/98 (date). Plan will be updated on or before: 1/1/99 (date).

Parent(s) or Guardian(s): Clark Jefferys
 Head Start Staff Name(s) & Title(s): Sammie Lincoln, Lead Teacher; Janine Brown, Health Coord.
 Health Care Provider Name(s) & Title(s): Maria Martinez, MD
 Other: _____